

SERFF Tracking Number:	HART-125892759	State:	Arkansas
Filing Company:	Sentinel Insurance Company Limited	State Tracking Number:	EFT \$25
Company Tracking Number:	FN.14.799.2008.01		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Introduction of Rule 901 Transition Pricing for SIC		
Project Name/Number:	Homeowners Multi Peril/FN.14.799.2008.01		

## Filing at a Glance

Company: Sentinel Insurance Company Limited

Product Name: Introduction of Rule 901      SERFF Tr Num: HART-125892759      State: Arkansas

Transition Pricing for SIC

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: FN.14.799.2008.01

State Status: Fees verified and received

Combinations

Filing Type: Rule

Co Status: Initial Filing

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Angela Isaac

Disposition Date: 11/10/2008

Date Submitted: 11/07/2008

Disposition Status: Filed

Effective Date Requested (New): 12/06/2008

Effective Date (New): 12/06/2008

Effective Date Requested (Renewal): 01/22/2009

Effective Date (Renewal):

01/22/2009

State Filing Description:

## General Information

Project Name: Homeowners Multi Peril

Status of Filing in Domicile:

Project Number: FN.14.799.2008.01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Rule 901 is being added to the Homeowners Rate Manual to introduce a rule for transitioning individual policies comprising a book acquisition. The rule will apply to policies being converted to Sentinel from another insurer as a result of a bulk portfolio acquisition, renewal rights purchase or transfer of an agent's book of business. This rule transitions the acquired policyholder's premium from the expiring prior carrier rate level to the Sentinel rate level over a



SERFF Tracking Number: HART-125892759 State: Arkansas  
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$25  
Company Tracking Number: FN.14.799.2008.01  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Introduction of Rule 901 Transition Pricing for SIC  
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/10/2008	11/10/2008

*SERFF Tracking Number:*     *HART-125892759*                     *State:*                     *Arkansas*  
*Filing Company:*             *Sentinel Insurance Company Limited*             *State Tracking Number:*     *EFT \$25*  
*Company Tracking Number:*   *FN.14.799.2008.01*  
*TOI:*                     *04.0 Homeowners*                     *Sub-TOI:*                     *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*             *Introduction of Rule 901 Transition Pricing for SIC*  
*Project Name/Number:*        *Homeowners Multi Peril/FN.14.799.2008.01*

## **Disposition**

Disposition Date: 11/10/2008

Effective Date (New): 12/06/2008

Effective Date (Renewal): 01/22/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125892759 State: Arkansas  
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$25  
 Company Tracking Number: FN.14.799.2008.01  
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Introduction of Rule 901 Transition Pricing for SIC  
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Table of Contents	Filed	Yes
Rate	Base Premium Computation	Filed	Yes
Rate	Transition Pricing	Filed	Yes
Rate	Transition Rate Cap Factor	Filed	Yes

*SERFF Tracking Number:*     *HART-125892759*                             *State:*                             *Arkansas*  
*Filing Company:*             *Sentinel Insurance Company Limited*             *State Tracking Number:*     *EFT \$25*  
*Company Tracking Number:*   *FN.14.799.2008.01*  
*TOI:*                             *04.0 Homeowners*                             *Sub-TOI:*                             *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                 *Introduction of Rule 901 Transition Pricing for SIC*  
*Project Name/Number:*         *Homeowners Multi Peril/FN.14.799.2008.01*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125892759 State: Arkansas  
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$25  
 Company Tracking Number: FN.14.799.2008.01  
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Introduction of Rule 901 Transition Pricing for SIC  
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.01

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Filed	Table of Contents	AR C-3	Replacement	AR-PC-04-010812	AR HOME C-3.pdf
Filed	Base Premium Computation	AR 900.1 and 900.2	Replacement	AR-PC-04-010812	AR SIC HOME AR 900.1 AND 900.2.pdf
Filed	Transition Pricing	AR 901.1	New		AR SIC HOME AR 901.1.pdf
Filed	Transition Rate Cap Factor	TRCF 1 thru 7	New		AR SIC HOME TRCF 1 THRU TRCF 7.pdf

**SENTINEL INSURANCE COMPANY, LTD.  
ARKANSAS HOMEOWNERS POLICY PROGRAM  
GENERAL RULES**

**TABLE OF CONTENTS**

606	Computer-Related Damage or Injury Exclusion and Coverage Options
607	Home Day Care Coverage
608	Permitted Incidental Occupancies – Residence Premises and Other Residences
609	Business Pursuits
610	Personal Injury
611	Incidental Low Power Recreational Motor Vehicles
612	Outboard Motors and Watercraft
613	Owned Snowmobile
614	Farmers Personal Liability
615	Incidental Farming Personal Liability
616	Optional Property Remediation for Escaped Liquid Fuel and Limited Lead and Escaped Liquid Fuel Liability Coverages

**PART VII – SECTION II – LIABILITY – OTHER EXPOSURES INCREASED LIMITS**

701	Other Exposures – Personal Liability Increased Limits
702	Other Exposures – Medical Payments to Others Increased Limits

**STATE EXCEPTIONS**

A1	Special State Requirements
A2	Community Mitigation Classification Manual
A3	Identity Fraud Expense Coverage

**COMPANY EXCEPTIONS**

801	Age of Dwelling Credit
802	Account Credit
805	Limited Access Credit – Form HO 00 04 & HO 00 06
806	Additional Limits In The Event Of A Total Loss To The Dwelling
807	Personal Property – Special Coverage Option – Jewelry/Furs - HW 04 01
808	Sentinel Coverage Package Endorsement HW 04 70
809	Sentinel Silver HW 04 74, Sentinel Gold HW 04 72, Sentinel Platinum HW 04 71 and Sentinel Gold - Condominium HW 04 73 Endorsements
810	Additional Coverage – Form HO 00 06 – Endorsement HW 04 29
811	Golf Cart Coverage
815	Year of Construction
816	Roof Type
817	Roof Age
818	Program Deviation
819	Policy Expense Fee
850	Retirement Community/Limited Access Community Package
900	Base Premium Computation
★901	Transition Pricing

**RATES & TERRITORY PAGES**

Rate Pages
Territory Pages



---

**900 BASE PREMIUM COMPUTATION**

**A. Computation Instructions**

ROUND EACH STEP OF THE FOLLOWING RATING SEQUENCE TO THREE DECIMAL PLACES. USING A SEQUENTIAL RATING METHODOLOGY, MULTIPLY PER THE FOLLOWING:

**1. Forms HO 00 02, HO 00 03, HO 00 05**

Table 2 Base Premium

★x	Transition Rate Cap Factor
x	Deductible Credit/Debit or Windstorm/Hail Deductible Credit =
x	Theft Deductible =
x	Table 1 Premium Factor =
x	Program Deviation Factor =
x	Special Loss Settlement Factor/ITV Factor =
x	Town House/Row House Surcharge Factor =
x	Ordinance or Law Coverage Factor =
x	Sentinel Coverage Package (HW 04 74, HW 04 72, HW 04 71) Factor =
x	Superior Construction Credit =
x	Age of Dwelling Credit =
x	Year of Construction =
x	Roof Material Type =
x	Roof Age =
x	Account Credit =
x	Retirement Community/Limited Access Community Factor =
x	Replacement Loss Settlement For Certain Non-Building Structures Factor =
+	★(Sentinel Coverage Package (HW 04 17, HW 04 09, HW 04 08) Flat Premium) x (Transition Rate Cap Factor)
=	ADJUSTED BASE PREMIUM

All other optional endorsements shall be applied to the ADJUSTED BASE PREMIUM

**NOTE: ROUND THE ADJUSTED BASE PREMIUM TO THE NEAREST WHOLE DOLLAR.**

**2. Form HO 00 04**

Table 4 Base Premium

★x	Transition Rate Cap Factor
x	Deductible Credit/Debit =
x	Theft Deductible =
x	Table 3 Premium Factor =
x	Program Deviation Factor =
x	HO 05 24 Special Personal Property Factor (HO 00 04) =
x	Superior Construction Credit =
x	Account Credit =
x	Limited Access Credit =
=	ADJUSTED BASE PREMIUM

All other optional endorsements shall be applied to the ADJUSTED BASE PREMIUM

**NOTE: ROUND THE ADJUSTED BASE PREMIUM TO THE NEAREST WHOLE DOLLAR.**



**3. Form HO 00 06**

Table 6 Base Premium

- ★x Transition Rate Cap Factor
- x Deductible Credit/Debit =
- x Theft Deductible =
- x Table 5 Premium Factor =
- x Program Deviation Factor =
- x Sentinel Gold-Condo (HW 04 73) Factor =
- x HO 17 31 Unit-Owners Coverage C Special Coverage Factor (HO 00 06) =
- x Superior Construction Credit =
- x HO 00 06 Cov. C Less Than \$6,000 Factor =
- x HW 04 29 Additional Coverage - Form HO 00 06 =
- x Account Credit =
- x Limited Access Credit =
- x Modified Other Insurance For Condo Policies Factor =
- + ★(Sentinel Gold-Condo (HW 04 10) Flat Premium) x (Transition Rate Cap Factor)
- = ADJUSTED BASE PREMIUM

All other optional endorsements shall be applied to the ADJUSTED BASE PREMIUM

**NOTE: ROUND THE ADJUSTED BASE PREMIUM TO THE NEAREST WHOLE DOLLAR.**

**B. Extrapolation and Interpolation**

**1. Extrapolation**

If the desired limit of liability is higher than those shown in Table 2, use the following calculations to develop the base premium:

Step 1

Find the table 2 base premium for the highest limit for each additional \$10,000.

Step 2

Subtract the highest limit from the desired limit. This is the additional amount.

Step 3

Determine the base premium for the additional amount by the following formula:  
Additional amount divided by \$10,000 x the premium in the "Each add'l \$10,000-ADD" column.

Step 4

Add the premium for the highest limit and additional amount to obtain the total base premium.

**\*NOTE:** Confirm the limit is HIGHER than the last Coverage A amount listed on Table 2.



---

★901 **TRANSITION PRICING**

To minimize policyholder disruption, policies converting from a Non-Hartford Company, that are part of an approved acquisition or book of business transfer, may be eligible for transition pricing on the initial and subsequent renewal terms in accordance with the following:

A. Initial Policy Term

1. Develop the total policy premium using the rules and rates in effect as of the new business effective date. Total policy premium includes the premium charge for all coverages and endorsements, including scheduled personal property and watercraft, any state specific surcharges and/or fees.
2. Divide the premium developed in A.1. by the prior Carrier's total policy premium and round to three positions.
3. Use the factor developed in 2. above to determine the transition rate cap factor from the TRCF pages.

NOTE: If the transition rate cap factor is 1.00, the policy is not subject to transition pricing.

4. Apply the transition rate cap factor to the Base Premium as part of the premium computation sequence in Rule 900. No additional adjustments shall be made to those coverages or endorsements utilizing the Adjusted Base Premium unless there are additional flat dollar premiums associated with the coverage. In this case, the additional flat dollar premiums shall be modified by the transition rate cap factor. In addition, the transition rate cap factor shall apply to the premiums for all other coverages and endorsements, including scheduled personal property and watercraft, and the policy expense fee.

B. Subsequent Renewals

1. Develop the total policy premium as outlined in A.1. using the rules and rates in effect as of the forthcoming renewal effective date.
2. Divide the premium developed in B.1. by the previous term's total policy premium and round to three positions.
3. Follow the remaining steps outlined in A.3. and A.4. above.

NOTE: Only if a policy qualifies for application of the transition rate cap factor on the initial policy term will it be reviewed at future renewal terms to determine whether it continues to qualify for transition pricing. Once a policy does not qualify for transition pricing, it will no longer be evaluated for qualification at future renewal terms.

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial Conversion	First Annual Renewal	Second Annual Renewal	Third Annual Renewal
From	To				
0.000	0.010	100.000	21.544	10.000	1.000
0.011	0.020	50.000	13.572	7.071	1.000
0.021	0.030	33.333	10.357	5.773	1.000
0.031	0.040	25.000	8.550	5.000	1.000
0.041	0.050	20.000	7.368	4.472	1.000
0.051	0.060	16.667	6.525	4.083	1.000
0.061	0.070	14.286	5.888	3.780	1.000
0.071	0.080	12.500	5.386	3.536	1.000
0.081	0.090	11.111	4.979	3.333	1.000
0.091	0.100	10.000	4.642	3.162	1.000
0.101	0.110	9.091	4.356	3.015	1.000
0.111	0.120	8.333	4.110	2.887	1.000
0.121	0.130	7.692	3.897	2.773	1.000
0.131	0.140	7.143	3.709	2.673	1.000
0.141	0.150	6.667	3.542	2.582	1.000
0.151	0.160	6.250	3.393	2.500	1.000
0.161	0.170	5.882	3.258	2.425	1.000
0.171	0.180	5.556	3.137	2.357	1.000
0.181	0.190	5.263	3.026	2.294	1.000
0.191	0.200	5.000	2.924	2.236	1.000
0.201	0.210	4.762	2.830	2.182	1.000
0.211	0.220	4.545	2.744	2.132	1.000
0.221	0.230	4.348	2.664	2.085	1.000
0.231	0.240	4.167	2.589	2.041	1.000
0.241	0.250	4.000	2.520	2.000	1.000
0.251	0.260	3.846	2.455	1.961	1.000
0.261	0.270	3.704	2.394	1.925	1.000
0.271	0.280	3.571	2.336	1.890	1.000
0.281	0.290	3.448	2.282	1.857	1.000
0.291	0.300	3.333	2.231	1.826	1.000
0.301	0.310	3.226	2.183	1.796	1.000
0.311	0.320	3.125	2.137	1.768	1.000
0.321	0.330	3.030	2.094	1.741	1.000
0.331	0.340	2.941	2.053	1.715	1.000
0.341	0.350	2.857	2.013	1.690	1.000
0.351	0.360	2.778	1.976	1.667	1.000
0.361	0.370	2.703	1.940	1.644	1.000
0.371	0.380	2.632	1.906	1.622	1.000
0.381	0.390	2.564	1.873	1.601	1.000
0.391	0.400	2.500	1.842	1.581	1.000
0.401	0.410	2.439	1.812	1.562	1.000
0.411	0.420	2.381	1.783	1.543	1.000
0.421	0.430	2.326	1.756	1.525	1.000
0.431	0.440	2.273	1.729	1.508	1.000
0.441	0.450	2.222	1.703	1.491	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
0.451	0.460	2.174	1.678	1.474	1.000
0.461	0.470	2.128	1.654	1.459	1.000
0.471	0.480	2.083	1.631	1.443	1.000
0.481	0.490	2.041	1.609	1.429	1.000
0.491	0.500	2.000	1.587	1.414	1.000
0.501	0.510	1.961	1.567	1.400	1.000
0.511	0.520	1.923	1.546	1.387	1.000
0.521	0.530	1.887	1.527	1.374	1.000
0.531	0.540	1.852	1.508	1.361	1.000
0.541	0.550	1.818	1.490	1.348	1.000
0.551	0.560	1.786	1.472	1.336	1.000
0.561	0.570	1.754	1.454	1.324	1.000
0.571	0.580	1.724	1.438	1.313	1.000
0.581	0.590	1.695	1.422	1.302	1.000
0.591	0.600	1.667	1.406	1.291	1.000
0.601	0.610	1.639	1.390	1.280	1.000
0.611	0.620	1.613	1.375	1.270	1.000
0.621	0.630	1.587	1.361	1.260	1.000
0.631	0.640	1.563	1.347	1.250	1.000
0.641	0.650	1.538	1.332	1.240	1.000
0.651	0.660	1.515	1.319	1.231	1.000
0.661	0.670	1.493	1.306	1.222	1.000
0.671	0.680	1.471	1.293	1.213	1.000
0.681	0.690	1.449	1.280	1.204	1.000
0.691	0.700	1.429	1.269	1.195	1.000
0.701	0.710	1.408	1.256	1.187	1.000
0.711	0.720	1.389	1.245	1.179	1.000
0.721	0.730	1.370	1.234	1.170	1.000
0.731	0.740	1.351	1.222	1.162	1.000
0.741	0.750	1.333	1.211	1.155	1.000
0.751	0.760	1.316	1.201	1.147	1.000
0.761	0.770	1.299	1.191	1.140	1.000
0.771	0.780	1.282	1.180	1.132	1.000
0.781	0.790	1.266	1.170	1.125	1.000
0.791	0.800	1.250	1.160	1.118	1.000
0.801	0.810	1.235	1.151	1.111	1.000
0.811	0.820	1.220	1.142	1.105	1.000
0.821	0.830	1.205	1.132	1.098	1.000
0.831	0.840	1.190	1.123	1.091	1.000
0.841	0.850	1.176	1.114	1.084	1.000
0.851	0.860	1.163	1.106	1.078	1.000
0.861	0.870	1.149	1.097	1.072	1.000
0.871	0.880	1.136	1.089	1.066	1.000
0.881	0.890	1.124	1.081	1.060	1.000
0.891	0.900	1.111	1.073	1.054	1.000
0.901	0.910	1.099	1.065	1.048	1.000
0.911	0.920	1.087	1.057	1.043	1.000
0.921	0.930	1.075	1.049	1.037	1.000
0.931	0.940	1.064	1.042	1.032	1.000
0.941	0.950	1.053	1.035	1.026	1.000
0.951	0.960	1.042	1.028	1.021	1.000
0.961	0.970	1.031	1.021	1.015	1.000
0.971	0.980	1.020	1.013	1.010	1.000
0.981	0.990	1.010	1.007	1.005	1.000
0.991	0.995	1.005	1.003	1.002	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
0.996	1.010	0.990	0.993	0.995	1.000
1.011	1.020	0.980	0.987	0.990	1.000
1.021	1.030	0.971	0.981	0.985	1.000
1.031	1.040	0.962	0.975	0.981	1.000
1.041	1.050	0.952	0.968	0.976	1.000
1.051	1.060	0.943	0.962	0.971	1.000
1.061	1.070	0.935	0.956	0.967	1.000
1.071	1.080	0.926	0.950	0.962	1.000
1.081	1.091	0.917	0.944	0.958	1.000
1.092	1.100	0.909	0.938	0.953	1.000
1.101	1.110	0.901	0.933	0.949	1.000
1.111	1.120	0.893	0.927	0.945	1.000
1.121	1.130	0.885	0.922	0.941	1.000
1.131	1.140	0.877	0.916	0.936	1.000
1.141	1.149	0.870	0.911	0.933	1.000
1.150	1.160	0.862	0.906	0.928	1.000
1.161	1.170	0.855	0.901	0.925	1.000
1.171	1.181	0.847	0.895	0.920	1.000
1.182	1.190	0.840	0.890	0.917	1.000
1.191	1.200	0.833	0.885	0.913	1.000
1.201	1.211	0.826	0.880	0.909	1.000
1.212	1.220	0.820	0.876	0.906	1.000
1.221	1.230	0.813	0.871	0.902	1.000
1.231	1.241	0.806	0.866	0.898	1.000
1.242	1.250	0.800	0.862	0.894	1.000
1.251	1.259	0.794	0.857	0.891	1.000
1.260	1.271	0.787	0.852	0.887	1.000
1.272	1.280	0.781	0.848	0.884	1.000
1.281	1.290	0.775	0.844	0.880	1.000
1.291	1.300	0.769	0.839	0.877	1.000
1.301	1.311	0.763	0.835	0.873	1.000
1.312	1.319	0.758	0.831	0.871	1.000
1.320	1.330	0.752	0.827	0.867	1.000
1.331	1.340	0.746	0.823	0.864	1.000
1.341	1.350	0.741	0.819	0.861	1.000
1.351	1.361	0.735	0.814	0.857	1.000
1.362	1.370	0.730	0.811	0.854	1.000
1.371	1.379	0.725	0.807	0.851	1.000
1.380	1.391	0.719	0.803	0.848	1.000
1.392	1.401	0.714	0.799	0.845	1.000
1.402	1.410	0.709	0.795	0.842	1.000
1.411	1.420	0.704	0.791	0.839	1.000
1.421	1.431	0.699	0.788	0.836	1.000
1.432	1.441	0.694	0.784	0.833	1.000
1.442	1.449	0.690	0.781	0.831	1.000
1.450	1.460	0.685	0.777	0.828	1.000
1.461	1.471	0.680	0.773	0.825	1.000
1.472	1.479	0.676	0.770	0.822	1.000
1.480	1.490	0.671	0.766	0.819	1.000
1.491	1.499	0.667	0.763	0.817	1.000
1.500	1.511	0.662	0.760	0.814	1.000
1.512	1.520	0.658	0.757	0.811	1.000
1.521	1.529	0.654	0.753	0.809	1.000
1.530	1.541	0.649	0.750	0.806	1.000
1.542	1.550	0.645	0.747	0.803	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
1.551	1.560	0.641	0.743	0.801	1.000
1.561	1.570	0.637	0.740	0.798	1.000
1.571	1.580	0.633	0.737	0.796	1.000
1.581	1.590	0.629	0.734	0.793	1.000
1.591	1.600	0.625	0.731	0.791	1.000
1.601	1.610	0.621	0.728	0.788	1.000
1.611	1.621	0.617	0.725	0.785	1.000
1.622	1.631	0.613	0.722	0.783	1.000
1.632	1.639	0.610	0.719	0.781	1.000
1.640	1.650	0.606	0.716	0.778	1.000
1.651	1.661	0.602	0.713	0.776	1.000
1.662	1.669	0.599	0.711	0.774	1.000
1.670	1.681	0.595	0.707	0.771	1.000
1.682	1.689	0.592	0.705	0.769	1.000
1.690	1.701	0.588	0.702	0.767	1.000
1.702	1.709	0.585	0.699	0.765	1.000
1.710	1.721	0.581	0.696	0.762	1.000
1.722	1.730	0.578	0.694	0.760	1.000
1.731	1.739	0.575	0.691	0.758	1.000
1.740	1.751	0.571	0.688	0.756	1.000
1.752	1.761	0.568	0.686	0.754	1.000
1.762	1.770	0.565	0.683	0.752	1.000
1.771	1.779	0.562	0.681	0.750	1.000
1.780	1.789	0.559	0.679	0.748	1.000
1.790	1.799	0.556	0.676	0.746	1.000
1.800	1.812	0.552	0.673	0.743	1.000
1.813	1.821	0.549	0.670	0.741	1.000
1.822	1.832	0.546	0.668	0.739	1.000
1.833	1.842	0.543	0.666	0.737	1.000
1.843	1.848	0.541	0.664	0.736	1.000
1.849	1.859	0.538	0.661	0.733	1.000
1.860	1.869	0.535	0.659	0.731	1.000
1.870	1.880	0.532	0.657	0.729	1.000
1.881	1.890	0.529	0.654	0.727	1.000
1.891	1.901	0.526	0.652	0.725	1.000
1.902	1.908	0.524	0.650	0.724	1.000
1.909	1.919	0.521	0.647	0.722	1.000
1.920	1.931	0.518	0.645	0.720	1.000
1.932	1.942	0.515	0.642	0.718	1.000
1.943	1.949	0.513	0.641	0.716	1.000
1.950	1.961	0.510	0.638	0.714	1.000
1.962	1.969	0.508	0.637	0.713	1.000
1.970	1.980	0.505	0.634	0.711	1.000
1.981	1.988	0.503	0.632	0.709	1.000
1.989	2.000	0.500	0.630	0.707	1.000
2.001	2.008	0.498	0.628	0.706	1.000
2.009	2.020	0.495	0.626	0.704	1.000
2.021	2.028	0.493	0.624	0.702	1.000
2.029	2.041	0.490	0.622	0.700	1.000
2.042	2.049	0.488	0.620	0.699	1.000
2.050	2.062	0.485	0.617	0.696	1.000
2.063	2.070	0.483	0.616	0.695	1.000
2.071	2.079	0.481	0.614	0.694	1.000
2.080	2.092	0.478	0.611	0.691	1.000
2.093	2.101	0.476	0.610	0.690	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
2.102	2.110	0.474	0.608	0.688	1.000
2.111	2.119	0.472	0.606	0.687	1.000
2.120	2.132	0.469	0.604	0.685	1.000
2.133	2.141	0.467	0.602	0.683	1.000
2.142	2.151	0.465	0.600	0.682	1.000
2.152	2.160	0.463	0.598	0.680	1.000
2.161	2.169	0.461	0.597	0.679	1.000
2.170	2.179	0.459	0.595	0.677	1.000
2.180	2.188	0.457	0.593	0.676	1.000
2.189	2.198	0.455	0.592	0.675	1.000
2.199	2.212	0.452	0.589	0.672	1.000
2.213	2.222	0.450	0.587	0.671	1.000
2.223	2.232	0.448	0.585	0.669	1.000
2.233	2.242	0.446	0.584	0.668	1.000
2.243	2.252	0.444	0.582	0.666	1.000
2.253	2.262	0.442	0.580	0.665	1.000
2.263	2.273	0.440	0.578	0.663	1.000
2.274	2.283	0.438	0.577	0.662	1.000
2.284	2.294	0.436	0.575	0.660	1.000
2.295	2.304	0.434	0.573	0.659	1.000
2.305	2.315	0.432	0.571	0.657	1.000
2.316	2.326	0.430	0.570	0.656	1.000
2.327	2.336	0.428	0.568	0.654	1.000
2.337	2.347	0.426	0.566	0.653	1.000
2.348	2.358	0.424	0.564	0.651	1.000
2.359	2.370	0.422	0.563	0.650	1.000
2.371	2.381	0.420	0.561	0.648	1.000
2.382	2.392	0.418	0.559	0.647	1.000
2.393	2.404	0.416	0.557	0.645	1.000
2.405	2.415	0.414	0.555	0.643	1.000
2.416	2.427	0.412	0.554	0.642	1.000
2.428	2.439	0.410	0.552	0.640	1.000
2.440	2.451	0.408	0.550	0.639	1.000
2.452	2.463	0.406	0.548	0.637	1.000
2.464	2.475	0.404	0.546	0.636	1.000
2.476	2.488	0.402	0.545	0.634	1.000
2.489	2.500	0.400	0.543	0.632	1.000
2.501	2.513	0.398	0.541	0.631	1.000
2.514	2.525	0.396	0.539	0.629	1.000
2.526	2.538	0.394	0.537	0.628	1.000
2.539	2.551	0.392	0.536	0.626	1.000
2.552	2.564	0.390	0.534	0.624	1.000
2.565	2.577	0.388	0.532	0.623	1.000
2.578	2.591	0.386	0.530	0.621	1.000
2.592	2.604	0.384	0.528	0.620	1.000
2.605	2.618	0.382	0.526	0.618	1.000
2.619	2.632	0.380	0.525	0.616	1.000
2.633	2.646	0.378	0.523	0.615	1.000
2.647	2.660	0.376	0.521	0.613	1.000
2.661	2.674	0.374	0.519	0.612	1.000
2.675	2.688	0.372	0.517	0.610	1.000
2.689	2.703	0.370	0.515	0.608	1.000
2.704	2.717	0.368	0.514	0.607	1.000
2.718	2.732	0.366	0.512	0.605	1.000
2.733	2.747	0.364	0.510	0.603	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
2.748	2.762	0.362	0.508	0.602	1.000
2.763	2.778	0.360	0.506	0.600	1.000
2.779	2.793	0.358	0.504	0.598	1.000
2.794	2.809	0.356	0.502	0.597	1.000
2.810	2.825	0.354	0.500	0.595	1.000
2.826	2.841	0.352	0.499	0.593	1.000
2.842	2.857	0.350	0.497	0.592	1.000
2.858	2.874	0.348	0.495	0.590	1.000
2.875	2.890	0.346	0.493	0.588	1.000
2.891	2.907	0.344	0.491	0.587	1.000
2.908	2.924	0.342	0.489	0.585	1.000
2.925	2.941	0.340	0.487	0.583	1.000
2.942	2.959	0.338	0.485	0.581	1.000
2.960	2.976	0.336	0.483	0.580	1.000
2.977	2.994	0.334	0.481	0.578	1.000
2.995	3.012	0.332	0.479	0.576	1.000
3.013	3.030	0.330	0.478	0.574	1.000
3.031	3.049	0.328	0.476	0.573	1.000
3.050	3.067	0.326	0.474	0.571	1.000
3.068	3.086	0.324	0.472	0.569	1.000
3.087	3.106	0.322	0.470	0.567	1.000
3.107	3.125	0.320	0.468	0.566	1.000
3.126	3.145	0.318	0.466	0.564	1.000
3.146	3.165	0.316	0.464	0.562	1.000
3.166	3.185	0.314	0.462	0.560	1.000
3.186	3.205	0.312	0.460	0.559	1.000
3.206	3.226	0.310	0.458	0.557	1.000
3.227	3.247	0.308	0.456	0.555	1.000
3.248	3.268	0.306	0.454	0.553	1.000
3.269	3.289	0.304	0.452	0.551	1.000
3.290	3.311	0.302	0.450	0.550	1.000
3.312	3.333	0.300	0.448	0.548	1.000
3.334	3.356	0.298	0.446	0.546	1.000
3.357	3.378	0.296	0.444	0.544	1.000
3.379	3.401	0.294	0.442	0.542	1.000
3.402	3.425	0.292	0.440	0.540	1.000
3.426	3.448	0.290	0.438	0.539	1.000
3.449	3.472	0.288	0.436	0.537	1.000
3.473	3.497	0.286	0.434	0.535	1.000
3.498	3.521	0.284	0.432	0.533	1.000
3.522	3.546	0.282	0.430	0.531	1.000
3.547	3.571	0.280	0.428	0.529	1.000
3.572	3.597	0.278	0.426	0.527	1.000
3.598	3.623	0.276	0.424	0.525	1.000
3.624	3.650	0.274	0.422	0.523	1.000
3.651	3.676	0.272	0.420	0.522	1.000
3.677	3.704	0.270	0.418	0.520	1.000
3.705	3.731	0.268	0.416	0.518	1.000
3.732	3.759	0.266	0.414	0.516	1.000
3.760	3.788	0.264	0.412	0.514	1.000
3.789	3.817	0.262	0.409	0.512	1.000
3.818	3.846	0.260	0.407	0.510	1.000
3.847	3.876	0.258	0.405	0.508	1.000
3.877	3.906	0.256	0.403	0.506	1.000
3.907	3.937	0.254	0.401	0.504	1.000

**ARKANSAS  
SENTINEL INSURANCE COMPANY, LTD.  
Homeowners Policy Program**

**Transition Rate Cap Factor**

Lookup Factor		Transition Rate Cap Factor			
		Initial	First	Second	Third
From	To	Conversion	Annual	Annual	Annual
3.938	3.968	0.252	0.399	0.502	1.000
3.969	4.000	0.250	0.397	0.500	1.000
4.001	4.032	0.248	0.395	0.498	1.000
4.033	4.065	0.246	0.393	0.496	1.000
4.066	4.098	0.244	0.390	0.494	1.000
4.099	4.132	0.242	0.388	0.492	1.000
4.133	4.167	0.240	0.386	0.490	1.000
4.168	4.202	0.238	0.384	0.488	1.000
4.203	4.237	0.236	0.382	0.486	1.000
4.238	4.274	0.234	0.380	0.484	1.000
4.275	4.310	0.232	0.378	0.482	1.000
4.311	4.348	0.230	0.375	0.480	1.000
4.349	4.386	0.228	0.373	0.477	1.000
4.387	4.425	0.226	0.371	0.475	1.000
4.426	4.464	0.224	0.369	0.473	1.000
4.465	4.505	0.222	0.367	0.471	1.000
4.506	4.545	0.220	0.364	0.469	1.000
4.546	4.587	0.218	0.362	0.467	1.000
4.588	4.630	0.216	0.360	0.465	1.000
4.631	4.673	0.214	0.358	0.463	1.000
4.674	4.717	0.212	0.356	0.460	1.000
4.718	4.762	0.210	0.353	0.458	1.000
4.763	4.808	0.208	0.351	0.456	1.000
4.809	4.854	0.206	0.349	0.454	1.000
4.855	4.902	0.204	0.347	0.452	1.000
4.903	4.950	0.202	0.344	0.449	1.000
4.951	5.000	0.200	0.342	0.447	1.000
5.001	5.051	0.198	0.340	0.445	1.000
5.052	5.102	0.196	0.337	0.443	1.000
5.103	5.155	0.194	0.335	0.440	1.000
5.156	5.208	0.192	0.333	0.438	1.000
5.209	5.263	0.190	0.330	0.436	1.000
5.264	5.319	0.188	0.328	0.434	1.000
5.320	5.376	0.186	0.326	0.431	1.000
5.377	5.435	0.184	0.324	0.429	1.000
5.436	5.495	0.182	0.321	0.427	1.000
5.496	Unlimited	0.181	0.320	0.425	1.000

SERFF Tracking Number: HART-125892759 State: Arkansas  
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$25  
Company Tracking Number: FN.14.799.2008.01  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Introduction of Rule 901 Transition Pricing for SIC  
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.01

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** H-1 Homeowners Abstract Filed 11/10/2008  
**Comments:**  
Attached is the H-1 Homeowners Abstract.  
**Attachment:**  
AR HOME H-1 SENTINEL BBT.pdf

**Review Status:**  
**Satisfied -Name:** NAIC loss cost data entry document Filed 11/10/2008  
**Comments:**  
Attached is the NAIC loss cost data entry document.  
**Attachment:**  
AR HOME SIC RF-1 BBT.pdf

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document- Property & Casualty Filed 11/10/2008  
**Comments:**  
Attached is the Uniform Transmittal Document-Property & Casualty and the Rate/Rule Filing Schedule.  
**Attachments:**  
PC-TD-1 2007 Home.pdf  
AR home PC-RRFS.pdf

**ARKANSAS INSURANCE DEPARTMENT**

**HOMEOWNERS ABSTRACT**

**INSTRUCTIONS:** All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Sentinel Insurance Company, Ltd.  
 NAIC No. 11000 Group No. 00914

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

2006	6.5
2005	5.7
2004	8.0

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact. Marshall & Swift/Boeckh (American Appraisal Associates) in 2001

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used. 100% ITV is requested

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

Annual increases	4%	6%	8%	Each additional 4% over 8%
Charge	2%	3%	4%	2%

5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	0 %
b. Burglar Alarm	2 %
c. Smoke Alarm	2 %
d. Insured who has both homeowners and auto with your company	15 %
e. Deadbolt Locks	2 %
f. Window or Door Locks	0 %
g. Other (specify)	
Age of Dwelling	3.8 to 30.2 %
Full Automatic Sprinkler	13 %
Partial Automatic Sprinklers	8 %

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance? No If so, state areas and explain reason for not writing.

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
HO-2	0
HO-3	1,208,978
HO-5	215,825
HO-4	8,851
HO-6	9,344

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge \_\_\_\_\_

Does the surcharge apply to conventional fire places? No

If yes, state surcharge \_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Renee Corsini  
**Signature**

\_\_\_\_\_  
Product Specialist  
**Title**

\_\_\_\_\_  
(860) 378-3899  
**Telephone Number**

## NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	FN.14.799.2008.01
-----------	---	-------------------

<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
-----------	---	-----

	Company Name	Company NAIC Number
<b>3.</b>	<b>A.</b> Sentinel Insurance Company, Ltd.	<b>B.</b> 11000

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b>	<b>B.</b>

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Homeowners	N/A*	0					
<b>TOTAL OVERALL EFFECT</b>	N/A*	0					

**6.** 5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
Aug-04	N/A	N/A	8/15/2004	N/A	N/A	N/A	N/A
May-05	392	-3.80%	5/17/2005	55	16	0.29	0.89
Jan-07	1411	6.00%	1/3/2007	737	875	1.19	0.56

**7.**

Expense Constants	Selected Provisions
A. Total Production Expense	N/A*
B. General Expense	N/A*
C. Taxes, License & Fees	N/A*
D. Underwriting Profit & Contingencies	N/A*
E. Other (explain)	N/A*
F. TOTAL	N/A*

\* Note: No indication was produced. This filing is not for a rate change, it is for a transition pricing rule, and there is no impact to current insureds.

**8.** N/A Apply Lost Cost Factors to Future filings? (Y or N)

**9.** 0.0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

N/A

**10.** 0.0 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

N/A

PC RLC

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
---

<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Sentinel Insurance Company, Ltd.	Connecticut	0091-11000	06-1552103	

<b>5. Company Tracking Number</b>	FN.14.799.2008.01
-----------------------------------	-------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joyce Driscoll, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

<b>7. Signature of authorized filer</b>	<i>Joyce Driscoll</i>
<b>8. Please print name of authorized filer</b>	Joyce Driscoll

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Homeowners Multi Peril
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Homeowners Multi Peril
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 12/6/08      Renewal: 1/22/09
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	November 7, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	FN.14.799.2008.01
--	-------------------

<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

Rule 901 is being added to the Homeowners Rate Manual to introduce a rule for transitioning individual policies comprising a book acquisition. The rule will apply to policies being converted to Sentinel from another insurer as a result of a bulk portfolio acquisition, renewal rights purchase or transfer of an agent's book of business. This rule transitions the acquired policyholder's premium from the expiring prior carrier rate level to the Sentinel rate level over a predetermined phase-in period. The transition pricing mechanism will mitigate both rate increases and decreases that would otherwise apply to these policyholders.

This rule allows us to transition business while minimizing policyholder disruption as they are converted from one rating plan to another. The rule appropriately balances rate stability with rate adequacy over time for this distinct risk class.

Rule 901 will be effective December 6, 2008. There is no rate impact to current policyholders associated with this introduction. The proposed rule and rate structure are attached.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** EFT  
**Amount:** \$25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

### RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Lost Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1. This filing transmittal is part of Company Tracking #</b>	FN.14.799.2008.01
<b>2. This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3. Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
---	------------

4a. Rate Change by Company (As Proposed)						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Sentinel Insurance Company, Ltd.	0	0	0	1,325,505		

4b. Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Hartford Fire Insurance Company						
Hartford Accident and Indemnity Co.						
Hartford Casualty Ins. Co.						
Hartford Underwriters Ins. Co.						
Twin City Fire Insurance Company						
Hartford Ins. Co. of the Midwest						
Trumbull Insurance Company						
Sentinel Insurance Company, Ltd.						
Property & Casualty Ins. Co. of Hartford						

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate impact for this filing		
<b>5b.</b>	Effect of Rate Filing - Written premium change for this program		
<b>5c.</b>	Effect of Rate Filing - Number of policyholders affected		
<b>6.</b>	Overall percentage of last rate revision	6.0%	
<b>7.</b>	Effective Date of last rate revision	1/3/07	
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use	

**9. See Next Page**

PC RRFS-1

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn	Previous state filing number, if required by state
01	TRCF 1 through 7	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw File & Use	
02	AR C - 3	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-04-010812
03	AR - 900.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	AR - 900.2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	AR - 901.1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-04-010812
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw File & Use	
08		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	